

DEPARTMENT OF TRANSPORTATION

Part A - To Be Completed By Each Person Removing Equipment		Date _____
Name (<i>Typed or printed</i>) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center;"><i>Typed or Printed</i></div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center;"><i>Signature</i></div>	Description of Equipment (<i>Include serial number</i>) <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	Owner <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> DOT</div> <div><input type="checkbox"/> Personal</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Vendor</div> <div><input type="checkbox"/> Other (<i>Specify</i>)</div> </div> <div style="margin-top: 10px;"> Return date _____ </div>
_____ Property Custodian's Name (<i>Printed</i>), Rte. Symb., Telephone No.		_____ Property Custodians Signature Date

Part B - To Be Completed By DOT Personnel Only				
Organizational Element	Routing Symbol	Phone	Office Building	Room No.

Part C - To Be Completed By Non-DOT Personnel Only			
Employer	Address of Employer	DOT Official and Office Aware of Removal	Phone No.

Part D - To Be Completed By Guard		
Person removing property was - <input type="checkbox"/> DOT Employee <input type="checkbox"/> Other	If Other - Name of DOT official and office who verified removal <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	Verified by <input type="checkbox"/> Phone <input type="checkbox"/> In Person

Routing Instruction for Completed Forms		
Guard: Fold original with lower third exposed, staple, and forward to security office. Provide duplicate copy to individual concerned. Security Office: Forward to property management office.		
Routing of Completed Copies		
To	Routing Symbol	Organization
1		
2		